

West Virginia Absentee Ballot Application by Mail or Fax

You must apply separately for a primary and general election. Applications cannot be submitted earlier than 84 days prior to the election.

Republican ___ Mountain ___ Other ___

CURRENT WEST VIRGINIA VOTER REGISTRATION INFORMATION:

Name: _____ Date of Birth: _____ County: _____

Street: _____ City: _____ State: _____ Zip Code: _____

MAIL BALLOT TO: (Must be outside county if reason checked is 1, 2, 6, 8 or 9)

Name: _____ Country: (if other than U.S.) _____

Street: _____ City: _____ State: _____ Zip Code: _____

Name/Address Change? If you have provided a name or address that is different than your current voter registration record, please provide your previous information on the line below. **You may only do this if you have moved within the county.**

I am requesting an absentee ballot for the following reason (check only ONE box):

A. I am not able to vote in person during the early voting period and on election day because:

- ☐ 1. Personal or business travel.
- ☐ 2. Attendance at _____ college, university or other place of education.
- ☐ 3. Illness, injury, or other medical reasons which keep me confined. Please provide the name and telephone number of your doctor who can confirm that you are unable to vote in person:
Doctor's name: _____ Phone: _____
- ☐ 4. Immobility due to advanced age or a physical disability that keeps me confined.
- ☐ 5. Incarceration or detention in jail or home. I am not under conviction (including period of probation or parole of any felony, of treason or of bribery in an election. If checking this box, the affidavit on page two must be completed.)
- ☐ 6. I am an absent uniformed service member, spouse or dependent or overseas voter as defined by the Uniformed and Overseas Citizen Absentee Voting Act of 1986; ☐ Check here if you are requesting ALL ballots in an election year. (You must apply separately to your City Clerk for municipal ballots.) ☐ Check here if you would like to receive your ballot by email or fax.
My email address / fax number (circle one) is: _____
- ☐ 7. Employment which because of hours worked and distance from the county makes voting in person impossible.

B. I am required to live temporarily outside my county of residence because of:

- ☐ 8. Service as an elected or appointed federal or state officer.
- ☐ 9. Temporary assignment by my employer for specific period of four years or less.

C. I am not able to vote during the period of early voting or on election day because:

- ☐ 10. The county absentee voting office and my polling place is inaccessible to me because (state reason for inaccessibility of polling place): _____

I do hereby certify the information given is true to the best of my knowledge, that I reside at the address given, and that I am qualified and registered to vote in this county. I understand that I must vote in person if I can. I understand that knowingly making a false statement on this application is subject to the penalties for false swearing, a fine of up to \$1,000 and up to one year imprisonment. If I am being assisted with my ballot, the reason for assistance is stated below and the person assisting me has signed this form.

Signature / Mark of Voter

(If voter is illiterate, mark must be witnessed)

Signature of person assisting Voter (if needed)

Witness (if needed)

Reason for assistance (if needed)

Mail or Fax this form to your COUNTY CLERK'S OFFICE. Form must be RECEIVED by COUNTY CLERK no later than the 6th day prior to the election. Go to WWW.WVSOS.COM for mailing addresses and/or Fax information.